

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-005306

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 042
6-1963

Primary Registration District No. 1000

Registrar's No. 271

STATE FILE NUMBER

VS 300
Rev. 4/59

15117

20230

3

4 1

5 2

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7 1

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94222

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1270-2

131-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

E.T. Irinyi, Medical Certification

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Rehoboth</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Joseph</u>		c. CITY OR TOWN <u>Stewartville</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>805 So. 17th St.</u>		d. STREET ADDRESS (If outside, give location) <u>805 So. 17th St.</u>	
3. NAME OF DECEASED (Type or print) First <u>Jessie</u> Middle <u>Doyle</u> Last <u>Doyle</u>		4. DATE OF DEATH <u>Feb. 27, 1963</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>4-14-1894</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home maker</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and state or country) <u>Fremont, Nebr.</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>George C. Sweet</u>		13b. MOTHER'S MAIDEN NAME <u>Fannie Cassel</u>	
14. NAME OF HUSBAND OR WIFE <u>Bert Doyle</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) <u>No</u>	
16. SOCIAL SECURITY NO.		17. INFORMANT <u>Mrs. Louis Burrows</u> Address <u>805 So. 17th St. St. Joseph, Mo</u>	
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Myocardial Insufficiency</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Chronic Myocardial Insufficiency</u> DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs 8 mos</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>9:00</u> a.m. <u>PM</u> Month, Day, Year <u>1960</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION. COUNTY STATE	
21. I attended the deceased from <u>1960</u> to <u>Feb 26, 1963</u> and last saw her alive on <u>Feb 26, 1963</u>		Death occurred at <u>9:00 PM</u> m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <u>E. Irinyi</u> (Degree or title) <u>MD</u>		22b. ADDRESS <u>Cameron, Mo</u>	
22c. DATE SIGNED <u>2-28-63</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
23b. DATE <u>3-2-1963</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Stewartville</u>	
23d. LOCATION (City, town, or county) (State) <u>Stewartville, Mo</u>		24. FUNERAL DIRECTOR <u>W.E. Summerfield</u> ADDRESS <u>Stewartville, Mo</u>	
25. DATE RECD. BY LOCAL REG. <u>Mar. 4, 1963</u>		26. REGISTRAR'S SIGNATURE <u>Mrs. Clark Goodell</u>	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

MAY 28 1963

Permit issued 2/27/63

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed W.E. Summerfield

Licensed Embalmer No. 3007

P. O. Address Stewartsville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.